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PATENT APPLICATION
Attorney's Do. No. 1467-13

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL	MAILING LABEL NO. EL433178381US DATE OF DEPOSIT: MARCH 21, 2000
I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.	
<u>Amanda Hale-Wisener</u> (SENDER'S PRINTED NAME)	<u>Amanda Hale-Wisener</u> (SIGNATURE)

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Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Steven S. Greenberg
For: SCHEDULING NON-INTEGRAL SIMULATION TIME FOR MIXED-SIGNAL SIMULATION

[If continuing application] This application is a ☐ continuation, ☐ divisional, ☐ continuation-in-part of prior application Serial No. _____, filed _____.

Enclosures:

- ☒ Specification (pages 1-8); claims (pages 9-11); abstract (page 12)
- ☒ 12 sheet(s) of drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
 - ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☒ Verified Statement Claiming Small Entity Status
- ☒ Power of Attorney
- ☒ Assignment with cover sheet

- ☐ Certified copy of priority document:
☒ Information Disclosure Statement with Form PTO 1449
☒ Copies of references listed on attached Form PTO-1449
☐ Preliminary Amendment
☐ Change of Address
☒ Return Postcard

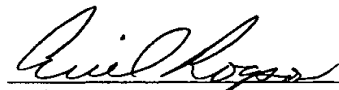
CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$345.00
Total Claims	18-20	0	x \$ 9 =	0.00
Independent Claims	4-3	1	x \$ 39 =	39.00
Multiple Dependent Claim Fee			x \$130 =	0.00
TOTAL FILING FEE				\$384.00

- ☐ Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
☒ A check in the amount of \$424.00 to cover ☒ filing fee and ☒ assignment recordal fee (\$40) is enclosed.
☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.



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